



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 7

11201 Renner Boulevard
Lenexa, Kansas 66219

10 JUN 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Article No.: 7001 0320 0002 5013 6077

Mr. Burt Bond
Wastewater Treatment Plant Operator
City of Rockaway Beach
P.O. Box 315
Rockaway Beach, Missouri 65740

Dear Mr. Bond:



Re: Findings of Violation and Order for Compliance (Order)
Docket Number: CWA-07-2008-0031

This letter is to remind you that, in accordance with Paragraph 34 of the Order, you are required to submit a copy of the sampling and analysis information of the influent and effluent, bench sheets, removal efficiency calculations, and letterhead data reports from the certified laboratory performing the analyses. In addition, you are required to send a copy of the DMRs that you send to the Missouri Department of Natural Resources. This information was due to the U.S. Environmental Protection Agency on May 10, 2015.

In a phone conversation with you on May 11, 2015, you stated that the submittal would be a week late. To date, I have not received anything. Please submit this information in accordance with the submittal requirements in paragraphs 37 and 38 of the Order as soon as possible. If you have questions, please call me at (913) 551-7492.

Sincerely,

Cynthia Sans
Compliance Officer
Water Enforcement Branch

CONCURRENCE:H: WWPD\WENF\2015 Correspondence\Sans\Overdue Deliverables 06 15 Ltr.docx: ls:7051:6/8/15					
NAME	Sans	Huffman			
BRANCH	WENF	WENF			
SIGN					
DATE	6/9/15	6/9/15			



Printed on Recycled Paper



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 7
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

APR 23 2012

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Article No.: 7010 2780 0001 2211 1379

Mr. Thomas Felton
Wastewater Treatment Plant Operator
City of Rockaway Beach
P.O. Box 315
Rockaway Beach, Missouri 65740

Re: Findings of Violation and Order for Compliance
Docket Number: CWA-07-2008-0031

Dear Mr. Felton:

This letter is to remind you that the submittal required in accordance with Paragraph 35 of the Order, a copy of the semi-annual inflow and infiltration report, was due April 1. Please submit this information in accordance with the submittal requirements in paragraphs 37 and 38 of the Order as soon as possible. Thank you.

If you have questions please call me at (913) 551-7492.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cynthia Sans".

Cynthia Sans,
Compliance Officer
Water Enforcement Branch

APR 3 2012

MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

City: Rockaway Beach
Permit #: MO 0108162
County: TANKA

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: Nov 2011 - Mar 2012

Phone Number:

417-561-4424

Date Due:

Mar 30 2012

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 12 From Nov 2011 to Mar 2012Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: None From _____ to _____Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: None Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different than original, replaced with what type? _____

Results: Number of Lines Rehabbed: None Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) If so, Linear Feet Viewed: None From _____ to _____

4. Manholes Observed: Number: # Replaced: #

5. Total # of Sewer System Overflows: Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains:

8. Peak Flow rate 150,000 gallons/day Average Flow rate 90,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Edwin Gentry

Report Prepared by:

Edwin Gentry

Date:

3/30/2012

Owner Signature:

Phone:

417-561-4424Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: OLL CREEK VILLAGE

permit #: MO 504861

County: LANEY

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: OCT 2011 APR 2012

Phone Number: (417) 231-7421

Date Due: ☐

APR 2012 date

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 13 From OCT 2011 to APR 2012

Results: Manholes Replaced: Yes ☒ No ☐ How many? 2

If so, Type of Manhole Replaced: 2 MANHOLE LIDS WILL BE REPLACED ON 4-13-2012 (24" LIDS.) FIXED 3 CLEANOUTS IN SUMMER ON 3-27-2012

Results: Manholes Rehabbed: Yes ☐ No ☐ How many?

If so, Type of Manhole Rehabbed: HRWA CAME DOWN AND CAMERA 1,600 FT OF SEWER LINE. FOUND GREAS BUILD UP HEAVY. GROUT NEEDS TO BE REPLACED.

2. Smoke Testing:

Linear Feet of Lines Tested: From to

Results: Lines Cleaned: Yes ☐ No ☐ How many?

If so, How was Line Cleaned: Jet Pig Auger

Length of type of cleaning: Jet Pig Auger

Results: Number of Lines Replaced: Number of Linear Feet:

If so, Type of Line Replaced: WE WILL BE SMOKE TESTING SOMETIME AT LOSS TREE APTS IN APR OR MAY OF 2012

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: Number of Linear Feet:

If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit)

If so, Linear Feet Viewed:

From to

4. Lampholes Observed:

Number: # Replaced: #

5. Total # of Sewer System Overflows:

Dry Weather Wet Weather

6. Total # of Basement Backflows:

Dry Weather Wet Weather

7. Total # of linear feet of lines for collection system including force mains:

Peak Flow rate gallons/day Average Flow rate gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by: WILLIAM J. AVERY II

Date: 3-30-2012

Owner Signature: Sherrin Anderson

Phone: (417) 561-1111

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Merriam Woods

permit #: MO

County: Taney

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: 4/2012

Phone Number: (417) 561-4341

Date Due:

4/2012 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 0 From _____ to _____

Results: Manholes Replaced: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) 0 If so, Linear Feet Viewed: From _____ to _____

4. Lampholes Observed: 0 Number: # Replaced: #

5. Total # of Sewer System Overflows: 1 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 100,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

Angela D. Leist

4/2/12

Owner Signature:

Phone:

Angela D. Leist, Village Administrator

(417) 561-4341

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



WENF Rec'd

NOV 02 2011

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 7
901 NORTH 5TH STREET
KANSAS CITY, KANSAS 66101

OCT 24 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Article No.: 7010 2780 0001 2211 6916

Mr. Thomas Felton
Wastewater Treatment Plant Operator
City of Rockaway Beach
P.O. Box 315
Rockaway Beach, Missouri 65740


Re: Findings of Violation and Order for Compliance
Docket Number: CWA-07-2008-0031

Dear Mr. Felton:

This letter is to remind you that the submittal required in accordance with Paragraph 35 of the Order was due October 10, 2011, and to date has not been received by this office. Paragraph 35 of the Order requires that a copy of the semi-annual report submitted to the Missouri Department of Natural Resources be submitted to the EPA. Please submit this information in accordance with the submittal requirements in paragraphs 37 and 38 of the order as soon as possible.

If you have questions please call me at (913) 551-7492. Thank you for your assistance in this matter.

Sincerely,


Cynthia Sans
Compliance Officer
Water Enforcement Branch

cc: Kevin Mohammadi, MDNR





MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: BULL CREEK VILLAGE If Address Change is Requested: _____
 permit #: MO-0108762
 County: TANNEY

PART II: MONITORING INFORMATION

For The Year of: APRIL 2011 - OCT 2011 Phone Number: 417-818-2879 Date Due: OCT <date> 2011

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 13 From APRIL 2011 to OCT 2011

Results: Manholes Replaced: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) ☒

If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: ☒

Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 1 FLOODS 2011 IN APRIL Dry Weather _____ Wet Weather X

6. Total # of Basement Backflows: 4 MAY Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate _____ gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

THOMAS FETTON

WILLIAM AVERY

9-28-11

Owner Signature:

Phone:

Shirley Anderson

(417) 561-1111

Return Form to: Missouri Department of Natural Resources
 Southwest Regional Office
 2040 West Woodland
 Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Rock Hill, MO
permit #: MO 0108162
County: TANEN

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: 2011

Phone Number: 417-561-4434

Date Due: Oct 31st 2011

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 6 From Apr to May 2011
Results: Manholes Replaced: Yes ☐ No ☒ How many?
If so, Type of Manhole Replaced:

Results: Manholes Rehabbed: Yes ☐ No ☒ How many?
If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: NONE From to
Results: Lines Cleaned: Yes ☐ No ☐ How many?
If so, How was Line Cleaned: Jet Pig Auger
Length of type of cleaning: Jet Pig Auger
Results: Number of Lines Replaced: NONE Number of Linear Feet:
If so, Type of Line Replaced:

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: NONE Number of Linear Feet:
If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit) YES If so, Linear Feet Viewed: 223 ft From 2/1/11 to

4. Lampholes Observed: NONE Number: # Replaced: #

5. Total # of Sewer System Overflows: 1 - FLOODS Dry Weather Wet Weather

6. Total # of Basement Backflows: APRIL 2011 Dry Weather Wet Weather

7. Total # of linear feet of lines for collection system including force mains:

8. Peak Flow rate 150,000 gallons/day Average Flow rate 90,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

Owner Signature:

Phone:

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Merriam Woods

permit #: MO n/a

County: Jenney

If Address Change is Requested: _____

PART II: MONITORING INFORMATION

For The Year of: 2011

Phone Number: (417) 561-4341

Date Due: _____

10/2011 <date> ☐

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: _____ From _____ to _____

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing: n/a

Linear Feet of Lines Tested: _____ From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) n/a If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: 0 Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 90,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed) _____

Report Prepared by: _____

Date: _____

Angela D. Lutz

9/14/2011

Owner Signature: _____

Phone: _____

Angela D. Lutz, Village Administrator (417) 561-4341

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

WENF SEP 24 2013

CITY OF ROCKAWAY BEACH

Rockaway Beach, Missouri 65740

Office of the City Clerk
P.O. Box 315
Telephone (417) 561-4424
Fax (417) 561-6025
rockawaycity@suddenlinkmail.com

September 13, 2013

Ms. Cindy Davies, Regional Director
Southwest Regional Office
Missouri Department of Natural Resources
2040 W. Woodland
Springfield, MO 65807-5912

RE: Notice of violation #14895 SW

Dear Ms. Cynthia Davies,

With reference to the above captioned notice of violation for the reporting month of June 2013.

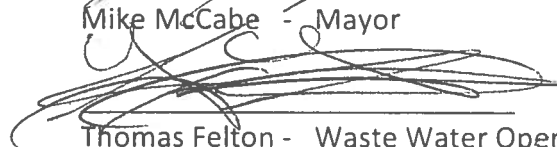
The City of Rockaway Beach Regional Sewer Facility has undergone numerous up-grades to the facility this past year, and is currently working on getting back into compliance with our permit. The operator is in constant contact with E. C. West at MO D.N.R. Southwest Regional Office, trying to work through the high phosphorus levels that we are seeing. Mr. Felton, Plant Operator, is doing additional testing on influent and the effluent water as well as the sludge to determine our problem.

With all new equipment as of July 2013 we are finally achieving sufficient D-O in the aerobic phase of treatment, and we are working very diligently to come into compliance with all aspects of treatment.

Respectfully Submitted,



Mike McCabe - Mayor



Thomas Felton - Waste Water Operator

"In the Heart of the Missouri Ozarks on Lake Taneycomo"

D. SPECIAL CONDITIONS (continued)

- (8) Waters shall be free from used tires, car bodies, appliances, demolition debris, used vehicles or equipment and solid waste as defined in Missouri's Solid Waste Law, section 260.200, RSMo, except as the use of such materials is specifically permitted pursuant to section 260.200-260.247.
7. The permittee shall develop and implement a program for maintenance and repair of the collection system. The permittee shall submit a report on **January 28** each year to the Southwest Regional Office which address measures taken to locate and eliminate sources of infiltration and inflow into the collection system serving the facility.
8. The permittee shall comply with any applicable requirements listed in 10 CSR 20-8 and 10 CSR 20-9. The monitoring frequencies contained in this permit shall not be construed by the permittee as a modification of the monitoring frequencies listed in 10 CSR 20-9. If a modification of the monitoring frequencies listed in 10 CSR 20-9 is needed, the permittee shall submit a written request to the department for review and, if deemed necessary, approval.
9. Bypasses are not authorized at this facility and are subject to 40 CFR 122.41(m). If a bypass occurs, the permittee shall report in accordance to 40 CFR 122.41(m)(3)(i), and with Standard Condition Part I, Section B, subsection 2.b.
10. Whole Effluent Toxicity (WET) tests shall be conducted as follows:

SUMMARY OF ACUTE WET TESTING FOR THIS PERMIT				
OUTFALL	AEC	FREQUENCY	SAMPLE TYPE	MONTH
001	100 %	Once per permit cycle	24 hr. composite*	Any

* A 24-hour composite sample is composed of 48 aliquots (subsamples) collected at 30 minute intervals by an automatic sampler.

(a) Test Schedule and Follow-Up Requirements

- (1) Perform a MULTIPLE-dilution acute WET test in the months and at the frequency specified above. For tests which are successfully passed, submit test results using the Department's WET test report form #MO-780-1899 along with complete copies of the test reports as received from the laboratory, including copies of chain-of-custody forms within 30 calendar days of availability to the WATER PROTECTION PROGRAM, P.O. Box 176, Jefferson City, MO 65102. If the effluent passes the test, do not repeat the test until the next test period.
 - (i) For discharges of stormwater, samples shall be collected within three hours from when discharge first occurs.
 - (ii) Samples submitted for analysis of stormwater discharges shall be collected as a grab.
 - (iii) For discharges of non-stormwater, samples shall be collected only when precipitation has not occurred for a period of forty-eight hours prior to sample collection. In no event shall sample collection occur simultaneously with the occurrence of precipitation excepting for stormwater samples.
 - (iv) A twenty-four hour composite sample shall be submitted for analysis of non-stormwater discharges.
 - (v) Upstream receiving water samples, where required, shall be collected upstream from any influence of the effluent where downstream flow is clearly evident.
 - (vi) Samples submitted for analysis of upstream receiving water may be collected as either a grab or twenty-four-hour composite as appropriate to the nature of the discharge.
 - (vii) Chemical and physical analysis of the upstream control and effluent sample shall occur immediately upon being received by the laboratory, prior to any manipulation of the effluent sample beyond preservation methods consistent with federal guidelines for WET testing that are required to stabilize the sample during shipping.
 - (viii) Any and all chemical or physical analysis of the effluent sample performed in conjunction with the WET test shall be performed at the 100% Effluent concentration in addition to analyses performed upon any other effluent concentration.
 - (ix) All chemical analyses included in the Missouri Department of Natural Resources WET test report form #MO-780-1899 shall be performed and results shall be recorded in the appropriate field of the report form.
 - (x) Where flow-weighted composite sample is required for analysis, the samples shall be composited at the laboratory where the test is to be performed.
 - (xi) Where in stream testing is required downstream from the discharge, sample collection shall occur immediately below the established Zone of Initial Dilution in conjunction with or immediately following a release or discharge.
 - (xii) Samples submitted for analysis of downstream receiving water may be collected as either a grab or twenty-four-hour composite as appropriate to the nature of the discharge.